

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
WESTERN DIVISION

RECEIVED
JUN 8 2015
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

JOSHUA W LEWIS

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 15 C 2349
(To be supplied by the Clerk of this Court)

ROSECRANCE WARE CENTER

WINEBAGO COUNTY JAIL

MEGAN (UNKNOWN LAST NAME)

SHELLY (UNKNOWN LAST NAME)

ABBY (UNKNOWN LAST NAME)

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

CHECK ONE ONLY:

AMENDED COMPLAINT

☒

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: JOSHUA W LEWIS
- B. List all aliases: JOSHUA W EGGLESTON
- C. Prisoner identification number: M32670
- D. Place of present confinement: STATEVILLE C.C.
- E. Address: PO BOX 112 JOLIET IL 60434

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: ROSECRANCE WARE CENTER
 Title: " "
 Place of Employment: " "
- B. Defendant: WINNEBAGO COUNTY JAIL
 Title: " "
 Place of Employment: " "
- C. Defendant: MEGAN (UNKNOWN LAST NAME)
 Title: MENTAL HEALTH WORKER
WINNEBAGO COUNTY JAIL
 Place of Employment: ROSECRANCE WARE CENTER

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D DEFENDANT SHELLY (UNKNOWN LAST NAME)

TITLE MENTAL HEALTH WORKER

PLACE OF EMPLOYMENT RWC/WCD

E DEFENDANT ABBY (UNKNOWN LAST NAME)

TITLE MENTAL HEALTH WORKER

PLACE OF EMPLOYMENT RWC/WCD

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

ON 5/27/14 MR. LEWIS HAD GONE TO ROSECRANCE WARE CENTER
AT 10:15 AM TO SEE DIAGNOSING PRACTITIONER: RYAN BELL
AT THAT TIME MR. BELL ASK MR. LEWIS A LIST OF THINGS THAT
ONLY MR. LEWIS KNEW SO THAT MR. BELL CAN GIVE MR. LEWIS
A DIAGNOSIS. THEN 8 DAYS AFTER BEENING DIAGNOSIS MR. LEWIS
COMITED A CRIME ON JUNE 3 THEN ON JUNE 4 MR. LEWIS
AND HIS PARATS WENT TO THE ER BECAUSE MR. LEWIS
WAS ~~PSYCHO~~ PSYCHO OUT ON HIS PARATS BUT MR. LEWIS THEN
HE LEFT AND WENT ON THE RUN FOR HIS CASE. ON 8-2-14 MR
LEWIS GOT ARRESTED AND ON 8-4-14 MR. LEWIS HAD GOTTEN MAIL
FROM ABBY AT ROSECRANCE WARE CENTER SAYING "ONCE ASSESSED
AT ROSECRANCE WARE CENTER" THAT MR. LEWIS HAD DONE BEFORE
HE WENT TO THE WANNABERG COUNTY JAIL, THEN MR. LEWIS WENT
ON THE KIOSK AND FILLED OUT A SICK CALL SLIP AND LETTING
THE JAIL KNOW THAT MR. LEWIS HAS MENTAL HELP ISSUES AND NEEDED
HIS MEDS. SO MR. LEWIS MAILED A LETTER TO ROSECRANCE BECAUSE
MR. LEWIS COULDN'T GET ANYONE TO CONTACT HIM ON THE
KIOSK SO MR. LEWIS SENT THE LETTER TO SEE IF HE CAN SEE

MEGAN OR SHELLY SINCE THEM TWO WORKED FOR THE JAIL. THEN
C/O DAILY AT THE COUNTY JAIL GAVE MR LEWIS THE PAPER
HE PUT THE LETTER ON BACK WITH MEGAN LETTER TO
MR LEWIS TELLING HIM THAT HE (LEWIS) DOESN'T HAVE A
TREATMENT PLAN SO MR LEWIS CALL HIS MOTHER MELISSA
LEWIS TO GET HIS TREATMENT PLAN BUT MR LEWIS GOT IT AFTER
HE GOT HIS TIME ON HIS CASE SO MR LEWIS SHOW IT TO STATEVILLE
C.C. AND STATEVILLE GOT MR LEWIS STARTED ON HIS MEDS
MR LEWIS WOULD LIKE THE COURTS TO GRANT HIS COMPLAINT DO TO
THE FACT THAT MR LEWIS HAD HIS RIGHTS VIOLATED

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

MENTAL ANXIETY \$ 250,000.00
 ATTY FEES 750,000.00
 PERSONAL ANXIETY 1.2 MILL
 MENTAL DISTRESS 250,000

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 1 day of 6, 2015



(Signature of plaintiff or plaintiffs)

JOSHUA LEWIS

(Print name)

M32670

(I.D. Number)

STATEVILLE ~~60434~~

PO BOX 112

JOHNET IL 60434

(Address)

MAILED FROM
WINNEBAGO COUNTY JAIL

TO WHOM IT MAY CONCERN
MY NAME IS JOSHUA LEWIS AND I WOULD
LIKE TO GET A COPY OF MY TREATMENT PLAN
SENT TO ME BEFORE I GO BACK TO COURT ON
9-10-14 AT 9 AM THAT WAY I CAN GET A COPY TO
THE COURTS. I WOULD LIKE TO SEE MEGAN OR
SHELLY BEFORE I GO TO COURT SO I CAN FILL THEM
IN ON MY MENTAL HEALTH. I HAVE PTSD, ANTI-
SOCIAL PERSONAL DIS. AND STIZO-AFFECTIVE AND I ~~WANT~~
WOULD LIKE TO GET ON MY MEDS ~~BEFORE~~ SO I
CAN STOP HEARING VOICES IN MY HEAD TELLING
ME TO DO STUFF I SHOULDN'T BE DOING. I WILL
FILL OUT WHAT EVER PAPER WORK I NEED TO
FILL OUT FOR MY MEDS. I AM GOING TO LEAVE MY
INFO AS TO WHAT SHOULD BE IN THE COMPUTER SO
YOU GUYS CAN FIND MY FILE

JOSHUA LEWIS 1110 12TH AVE #3 ROCKFORD IL
61104 SSN IS 323-84-5302

THANKS

JOSHUA LEWIS

Response on back

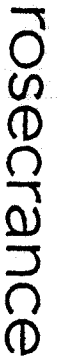
~~Return to~~
 X Return to Josh Lewis 3H

Mr. Lewis,

You are not a client of RWC
 so I cannot provide you with a
 treatment plan. You were only
 seen once by PATH + never
 returned. You never saw a
 Psychiatrist either. Where were
 you getting meds prior to your
 arrest? (pharmacy + Doctor name) This
 is so we can get records to
 verify meds + diagnosis since you
 did not receive any services at
 RWC after your initial PATH appointment.

Thanks,

Mejan
 RWC/ Winnebago Jail



case file

Inmate Name:

Joshua Lewis

Housing:

2F04

Date:

8-4-14

RE:

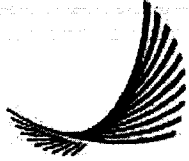
Our data base shows that you were once assessed at the Rosecrance Ware Center and may be eligible for services upon your release. If you do not meet the criteria to receive services at Rosecrance Ware Center, you will be provided with referrals to community resources that you may utilize to your benefit. If you are interested in receiving mental health services when you are released from custody, Rosecrance Ware Center has a walk in policy. Walk ins are done on a first come, first serve basis; it is best to line up approximately 30-60 minutes before RWC opens at 8 a.m.

We have a one day intake service, which means you will receive a complete mental health assessment in one sitting. Rosecrance Ware Center is located at 526 West State Street, across from the jail on the corner of West State Street and Winnebago Street.

We strongly encourage you to come in for a walk in assessment upon your release if you are experiencing symptoms. If you have any questions or concerns please fill out a sick call slip to mental health on the kiosk.

A3B4





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Plan of Care

Client: LEWIS, JOSHUA (67427) Episode: 3 Program: MHS PATH SERVICES

Primary Counselor: FINK, SHARON

Plan Date: 5/27/2014

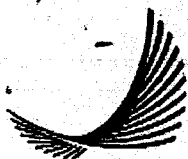
Plan Type: OUTPATIENT

Admission Date: 5/23/2014

Plan End Date: 11/23/2014

Plan Name: treatment plan

Next Review Date: 11/23/2014



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Plan of Care

Treatment Plan

Data Entry User Name: Jameson Sughrue

Last Updated By: Jameson Sughrue

PROBLEM: Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:
Assigning Staff: Unknown

I'm having difficulty with friendships and family. I'm off my medications. I'm fine one minute and I am snapping out the next. I need to get back on medications and receive some counseling. I have thoughts to harm others. My eating has decreased. My sleep hasn't been real good. Sometimes I get depressed and my mood varies. I have racing thoughts and I hear a male voice that tells me to be aggressive to others.

Clinical perspective: CI has been diagnosed with schizoaffective disorder as evidenced by labile mood, auditory hallucinations, thoughts to harm others, racing thoughts, and decreased appetite and sleep. CI reports having a part time job but having difficulty maintaining full time work due to his sys of MI. CI lives with his father and CI currently has no insurance.

Goal

Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:

I want to get my symptoms under control. I was to get back on my medications. I want to gain coping skills so I do not lose friends and family.

Objective

Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:

I will meet with the PATH team once a week to discuss my mental health and attend group when I need extra support to gain coping skills. I will keep 75 percent of my appointments

Intervention

Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:

PATH team frequency up to 4 hours weekly

Allowable Services: ROGRESS NOTE; MHS TREATMENT PLAN DEVELOPMENT; MHS COMMUNITY SUPPORT INDIVIDUAL; MHS COMMUNITY SUPPORT GROUP; MHS CASE MANAGEMENT; MHS PSYCHOSOCIAL REHAB INDIVIDUAL; MHS PSYCHOSOCIAL REHAB GROUP; MHS ASSESSME

Objective

Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:

I will meet with my doctor, take my medications as prescribed, and report all symptoms and side effects to my case manager or doctor 100 percent

Intervention

Date Opened: 5/27/2014 Status: ADDRESS Date Due: 11/23/2014 Date Closed:

RWC staff psychiatrist psychiatric evaluation every 12 months. Psychiatric medication monitoring every 90 days or as needed

Allowable Services: ROGRESS NOTE; MH 90792 DIAGNOSTIC EVAL W/ MEDICAL SRVC; MH 99212 EST PT OP VISIT 10 MINS; MHS 99213 EST PT OP VISIT 15 MINS; MH 99214 EST PT OP VISIT 25 MINS; MHS MEDICATION ADMINISTRATION; MHS MEDICATION MONITORING (NURSIN

Diagnosing Practitioner: BELL, RYAN

Principal Diagnosis: SCHIZOAFFECTIVE DISORDER



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Plan of Care

Axis I:

Axis I: 1st SCHIZOAFFECTIVE DISORDER

Axis I: 2nd POSTTRAUMATIC STRESS DISORDER

Axis I: 3rd Unknown

Axis I: 4th Unknown

Axis I: 5th Unknown

Axis I: 6th Unknown

Axis I: 7th Unknown

Axis II:

Axis II: 1ST ANTISOCIAL PERSONALITY DISORDER

Axis II: 2nd Unknown

Axis II: 3rd Unknown

Axis II: 4th Unknown

Axis II: 5th Unknown

Axis II: 6th Unknown

Axis II: 7th Unknown

Axis II: 8th Unknown

Axis II: 9th Unknown

Axis II: 10th Unknown

Axis III:

Axis III: 1st Unknown

Axis III: 2nd Unknown

Axis III: 3rd Unknown

Axis III: 4th Unknown

Axis III: 5th Unknown

Axis III: 6th Unknown

Axis III: 7th Unknown

Axis III: 8th Unknown

Axis III: 9th Unknown

Axis III: 10th Unknown



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Plan of Care

Axis IV:

Primary Support Group: Yes
Lck of family support

Social Environment: Yes
lack of social support

Educational: Yes
6th grade education

Occupational: Yes
part time

Housing: (No)

Economic: Yes
limited income

Health Care Services: (No)

Legal System/Crime: (Yes)
parole

Other Problems: No Entry

Axis V:

Current GAF Rating: 52
Current CGAS Rating: 54
Current DC03 Rating: No Entry

Treatment Team Signatures

Client Signature 5/27/2014

Client Signature Status: Signature obtained

I have been asked if I want a family member or other individual(s) involved in my treatment planning:
No, I don't want others involved

Client Signature Status: Signature obtained

I have been asked if I want a family member or other individual(s) involved in my treatment planning:
No, I don't want others involved

Reviewing Staff Signature (1) 5/27/2014 SUGHROUE, JAMESON
Completed and Signed

Jameson Sughroue BS/MSW

Staff
LODGE, JOAN
SUGHROUE, JAMESON
FINKE, DEBORAH

Credentials
LCSW, MSW, LPHA

LPC, MS, QMHP

JOSHUA...
STATEVILLE C.I.
PO BOX 112
JOLIET IL 60434

2349
ZIP 60403 S00164
02-1W
0001394077 JUN 02 2015



US DISTRICT COURTS
211 S COURT ST.
ROCKFORD IL 61101

Legal
mail

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MAIL